

April 17, 2018

Received & Inspected

Marlene H. Dortch,
Secretary
Federal Communications Commission
445 12th Street, SW
Room TW-A325
Washington, D.C. 20554

APR 24 2018

FCC Mail Room

DOCKET FILE COPY ORIGINAL

RE: Promoting Telehealth and Telemedicine in Rural America, WC Docket No. 17-310

Dear Ms. Dortch,

I write on behalf of the Council of Athabascan Tribal Governments ("CATG") in support of the Emergency Waiver Petition filed by the Schools, Health & Libraries Broadband (SHLB) Coalition on April 3, 2018. This Petition asks the FCC to waive Section 54.675(a) of its Rules and fully fund qualified applications for Rural Health Care (RHC) funding starting with Funding Year 2017, until the Commission completes the open rulemaking in WC Docket No. 17-310.

I also write in the support of the Waiver Request filed, to date on April 6, 2018 by CATG, specifically representing the position of CATG as a severely impacted Alaska tribal health organizations. That Waiver Request parallels one filed previously by BBAHC.

The RHC program funding cuts of 15 to 25 percent were much larger than anticipated and are effectively retroactive because they were not announced by USAC until more than eight months after the start of the funding year, much later than was reasonable or reasonably expected. As mentioned above, CATG is still waiting on some FCLs from USAC, further showing the delay in final decisions for 2017.. As a result of these cuts, health care providers across the nation that entered into contracts for eligible services effective at the start of FY 2017 (July 1, 2017) face immediate and significant financial hardship. In Alaska, where the telecommunications rates are astronomically higher than other parts of the country, the impacts will be far more severe.

CATG provides health care services to Alaska Natives and other beneficiaries pursuant to the Alaska Tribal Health Compact ("ATHC"), a multi-party self-governance agreement between the United States Indian Health Service ("IHS") and Alaska Tribes and Tribal organizations under Title V of the Indian Self-Determination and Education Assistance Act ("ISDEAA"), 25 U.S.C. § 5381, *et seq.*

Losses in RHC funding will severely impact patient care, making some telehealth and telemedicine applications potentially unusable and facilities incapable of handling the data traffic that is required to handle health applications and data. Without these patient care modalities, CATG expects patient travel costs to potentially skyrocket. Full funding of the RHC program is necessary for CATG to continue to put its substantial investment in telemedicine, telehealth, and EHRs to full usage going forward.

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Thank you for carefully considering our support of SHLB's emergency petition and CATG's own pending Waiver Request. While we hope long-term solutions to improve the Rural Health Care Program come from the open rulemaking docket, we must also urge the Commission to act to alleviate the more immediate problems being caused by the recent funding delays and shortages.

Sincerely,

Charleen Fisher
Executive Director
Council of Athabascan Tribal Governments

The Honorable Senator Murkowski
The Honorable Senator Sullivan
The Honorable Congressman Young

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